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APPLICATION NO.	FILING DATE			FIRST NAMED INVEN	TOR		ATTO	RNEY DOCKET NO.	CC	ONFIRMATION NO.	
10/719,613 TITLE OF INVENTION	11/21/2003 I: LABIAL PAD			Jason Matthew Eng	lish		180	27 (27839-1147)		3131	
APPLN, TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE I	OUE	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	Т	DATE DUE	
nonprovisional	NO		\$1510	\$300		\$0		\$1810		12/29/2010	
EXAMINER		ART UNIT		CLASS-SUBCLASS		1					
SU, SUSAN SHAN		3761		604-358000		J					
"Fee Address" ind PTO/SB/47; Rev 03-6 Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI	ondence address (or Cha 8/122) attached. ication (or "Fee Address 12 or more recent) attach ND RESIDENCE DAT. less an assignee is ident h in 37 CFR 3.11. Com	Correspondence ation form e of a Customer	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm thaving as a member a registered attorney or agent) and the names of up to listed, no name will be printed. (3) THE PATENT (print or type) of that will appear on the parent. If an assignee is identified below, the document has been filled for O) RESIDENCE: (CITY and STATE OR COUNTRY) Neerabl, WI.								
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